geann Bepariment, Out of Bantimore.
Permit No 98662 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Ceruficate, accurately filled on to the Undertaker or other person superintending the burial, within twenty-four fields after the death of said deceased, or sooner, requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT I PROPER CERTIFICATE
CERTIFICATE OF DEATH.
Date of Death, Man 12, 87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days
Color, W
Married, Single, Widow or Widower, (Cross out the words not)
Occupation, Abyr
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in-the City of Baltimore, 32-7
Place of Death, {Give Street and } 549. Robert Str
Cause of Death, { First (Primary), Second (Immediate),
Duration of Last Sickness, 3 - West Sickness, All the above informacion should be furnished by the Physician.
Place of Burial, Louden Park
Date of Burial, March 18 ) of Assistance
Undertaker, Walter Immel Place of Business, 594 W. Beildea Address, Corner of Earny a Press man
Place of Business, 594 W. Bedden Address, Corner of Earny at ress man
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Begun Beyariment, Quy of Haltimore.
Permit No. 95663 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Centificate.
CERTIFICATE OF DEATH
Date of Death, March, 16 2 1887
Date of Death,  Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}  May Temerical Art.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, 3 Days
Color,
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 4 weeks.
Place of Death, {Give Street and } 1307 71. Fremont it
Cause of Death, Second (Immediate), Schaustion.
Duration of Last Sickness, L weeks All the above information should be furnished by the Physician.
Place of Burial, Western Cem
Date of Burial, March 17. Whickork M. D.
(Undertaker, Walter Innuel Medical Attendant.
( Undertaker, Walter Immel Medical Attendant. A Place of Business, 594 W. Beddles L. Address, Para Ane Roberts.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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Beatin Beparimeilt, Lity of Baltimore.	
Permit No. 7866 / Office of Registrar of Vital Statistics. Ward	
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner,	t, if
requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.	
CEDTIFICATE OF MARK VELL	
CERTIFICATE OF DEATH.	
Date of Death, March 15th, 1887	-
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Elizabeth Heiner	
Sex, Male or Female, { ross out the word not }	
Age, Months, Days	
Color, White	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, 34 years	
Duration of Residence in the City of Baltimore, 34 years  Place of Death, {Give Street and } # 725 S. Durham h	
Course of Dogth   First (Primary),	
Cause of Death, Second (Immediate), Typhvid Finer	
Cause of Death, { Second (Immediate), Jy phoid Finer  Duration of Last Sickness, Jivo weeks  All the above information should be the Physician.	
Place of Buriak Shinity cenu.	
Date of Burial, Merchel & Sohn H. Rehberga M. D. Wedical Attendant.	
Place of Business, Canton For Address, # 1709 alice annah	
(Trace of Business, Curica of the Address, - 1	-

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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Menth	Bepartment,	auth of	Kultimore	
Permit No.  The Physician who attended a to the Undertaker or other person s requested so to do, under penalty of	Office of Registral any person in a last illness, is res superintending the burial, within	ponsible of the presentant twenty-four hours after	tion of the Certificate, accurate death of said deceased,	rately filled out, or sooner, if
CER	TIFICATE	1	TATH.	B
Date of Death,			Emearman,	
Full Name of Deceased,	not named, give names of parents.	Jeresa &	mearman	
Sex, Male or Female, Cross requi	s out the word not }			
Age,	Years,	Months,		Days.
Color,		White	, /	
Married, Single, Widow of	r Widower, Cross out the wor	rds not }	- \/	
Occupation,		~	<i>\</i>	
Birth Place, State or country, am	d how ) States, }	Cety	_	
Duration of Residence in	the City of Baltimore	Life-	time	
Place of Death, Give Street an Number.	a} £ 70	04 S. Sal	llas &	
Cause of Death, $\begin{cases} \text{First (Prisoner)} \\ \text{Second (I)} \end{cases}$	imary),	Pronchitis	(Capillary)	
Duration of Last Sicknes All the above information should be f	8,	Three day	es of	
Place of Burial, Program	Holy Keles	mu cero		
Date of Burial, Ma	pell 18. Ax	1.1 119	8.11	
Undertaker, Ho	grider & Son	John M. M	Medical Attendant.	M. D.
Place of Business,	canter aux A	ddress, 4 1709	alice anna	fr-

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Department, City Die Atimore.
Permit No. 7 8 666 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, within twenty-four hours are the death of said deceased, or sooner, requested so to do, under penalty of law.  No Permit for Burial can be Obtained without A 2002 Charificate.
CERTIFICATE OF DEATH:
Date of Death, March 17/87
Full Name of Deceased, {Write legibly and spell not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Months,
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, (State or country, and how) Ball City Mid,
Duration of Residence in the City of Baltimore,
Place of Death, Give Street and 1423 & av,
Cause of Death, Second (Immediate),
Duration of Last Sickness,  All the above information should carrish by the Physicians
Place of Burial, Ally Camelon,
Date of Burial, March 18 18th DeW. Maurfiel M. 1 (Undertaker, H. Dander & Sn. ) LW. Maurfiel M. 1
Place of Business, Ganton Ser. Address, C29 Amasway
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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Permit No. 98667 Office of Registrar	of Vital Statistics Ward	10-7
The Physician who attended any person in a last illness, is respont, to the Undertaker or other person superintending the burial, with	pons he for the presentation of this Certificate, account wenty with nourselfter burdeath of said decease	ed, or sconer,
if requested so to do, under penalty of law.  No Permit for Burial can be Obtained	A. OFFICE A.	
CED TIEL CATE	OF DEATH	
/ CERTIFICATE	OF DEATH.	
Date of Death,	Mar 1/-180/	0.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Mrs Mary Ame 1	elly
Sex, Male or Female, {Cross out the word not }		
Age, ST Years,	Months,	Days.
Color, while		
Married, Single, Willow or Willower, Cross out the we	ord mot } line.	
Occupation,	Ireland	
Birthplace, State or country, and how long in the United States, if of foreign birth.		
Duration of Residence in the City of Baltimore,	29 years	
Place of Death, {Give street and }	111 M. Franklin	ct.
) First, (Primary,)	Menopouse	
Cause of death, Second, (Immediate,) The this	is pulmonalis	
Duration of Last Sickness,	8 tacks	
the ball to the laber by the Dhyoleign		
Place of Burial New Cathicaral	m	0
Date of Burial, Mar 19. 1887	Olio, Broke Beyle	M. D.
(Undertaker, martin Falrey)	Medioc Attends	2
Place of Business 606 Juvers (She)	Address,	

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the

cause and date of death, except in cases of births and deaths of illegitimate children.

Bealth Mepartment, City of Battimore.
Permit No. 98668 Office of Registrar of Vital Statistics. Ward 12
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the new your hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Narch. 16 g 54
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, { required in this line. }
Age, Nonths, Months, Days.
Color, Thele
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 29 years
Place of Death, Give Street and 1003 Hovemuns all.
· Offhis bulmingles
Cause of Death, Second (Immediate),
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, Western Cen
Date of Burial, March 18 Th 1887 Jones the Horn M. D.
(Undertaker, Vulius Rockles Medical Attendant.
Place of Business, Thank & Cross Address, cordnulberry Tongalle ar

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Physician who attended to the Undertaker or other person requested so to do, under penalty o No PERM	superintending the burial, wi	thin twenty-four ho	and to	cand deceased, or	y filled out, sooner, if
CER	TIFICAT	E OF	DEAT	H.	,
Date of Death,			15/87		/_
Full Name of Deceased,	of parents.	,	i Dorse		
Sex, Male or Female, { cre	oss out the word not uired in this line.	Me	ale		
Age, 4	Years,	0 1	Months,	0	Days.
Color,		Ligh	- brow	2-	
Married, Single, Widow	or Widower, {Cross out the required in	e words not }	Ling	le	
Occupation,		no	ne		
Birth Place, State or country, a long in the United if of foreign birth			eltim use		
Duration of Residence i	n the City of Baltim	nore,	four ye	ears	
Ti (Give Street	and)	1. 12	10.1	they (old	20)
First (P	rimary),/	Mriku	our		
$egin{aligned} Place & of & Death, \{ egin{aligned} &  ext{Number.} \ &  ext{Number.} \ \end{aligned} \ egin{aligned} &  ext{Cause} & of & Death, \{ egin{aligned} &  ext{First (Place)} \ &  ext{Second.} \ \end{aligned} \end{aligned}$	(Immediate),	Ul	cerated	Dore The	out
Duration of Last Sickne	e furnished by the Physician.	one 7		9	
Place of Burial, The	per Comele	K			
Date of Burial, Mer	A17 1887		7. 1301	1	
( Undertaker, Willis	well brange	very.		Medical Attendant.	M. D.
Place of Business,		Address, Co	rof Mus	Horn + B	200.00
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The Physician who attended any person in a last illness, is responsible for the presentation of this Certif	icate, accurately filled
out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said	deceased, or sooner,
f requested so to do, under penalty of law.	
No Permit for Burial can be Obtained without a Proper Certificate.	
CERTIFICATE OF DEATH.	
Date of Death, Mac 17- 1801	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}	0
Sex, Male or Female, { Cross out the word not } required in this line.	
Age, Years, Months,	Days.
Color, Caloria	1
Married, Single, Widow or Widower, {Cross out the word not }	
Occupation,	
Birthplace, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore,	
Place of Death, {Give street and } 50 4 Chase accompany friest, (Primary,) Cafricary Bronelle	his
Cause of death, {	
Second, (Immediate,)	. 8
Duration of Last Sickness, // Kill	2
All the above information should be furnished by the Physician.	
Place of Burial, Laurel Cenna)	0
Date of Burial, Mich 17 1887 May & much	M. D.,
(Undertaker, alley Herrifley G. Medica	al Attendant.
Place of Business, 56/ (Orchard Address Mu orner	- Janualla

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore. SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the

cause and date of death, except in cases of births and deaths of illegitimate children.

Bealth Bepartment, Out Baltimore.
Permit No. 9867/ Office of Registrar NA Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled one to the Undertaker or other person superintending the burial, within hierary-jour hours after the death of said deceased, or sconer, is requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Thurch 17 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infan not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 70 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Carpeto caver
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 2 years
Place of Death, {Give Street and } 22 Jones J.
Cause of Death, First (Primary), Whithis is eluling Second (Immediate), Astheria
Duration of Last Sickness, 4 Tear  All the above information should be furnished by the hysician.
Place of Burial, Westerk Eemecky
Date of Burial, March the 19.
(Undertaker, Walter Immel) Medical Attendant.
Place of Business, 594 M. Bedder Address, 61015. Wharpell

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.